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0292146

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90023 040 ***150.00

DOCUMENT # J85798

1. Corporation Name

ROMAN CAULKING AND WATERPROOFING SYSTEMS, INC.

Principal Place of Business

3400 S.W. 26TH TERRACE
SUITE 603
FT. LAUDERDALE FL 33312
US

Mailing Address

3400 S.W. 26TH TERRACE
SUITE 603
FT. LAUDERDALE FL 33312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1987

4. FEI Number

65-0032958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6090 NW 66TH AVENUE

Suite, Apt. #, etc.

22 City & State

23 PARKLAND FL

Zip

24 33067

Country

25 BROWARD

2a. Mailing Address

26 6090 NW 66TH AVENUE

Suite, Apt. #, etc.

27 City & State

28 PARKLAND FL

Zip

29 33067

Country

30 BROWARD

9. Name and Address of Current Registered Agent

HIMMEL, JOANNE C.

7511 W. UPPER RIDGE DR. 6090 NW 66TH AVENUE

PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6090 NW 66TH AVENUE

83

84 City PARKLAND

FL

85 Zip Code 33067

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HIMMEL, JOANNE C.
STREET ADDRESS 7511 W. UPPER RIDGE DR.
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME JOANNE C. HIMMEL
1.3 STREET ADDRESS 6090 NW 66TH AVENUE
1.4 CITY-ST-ZIP PARKLAND FL 33067

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)